

FILED FEB 23 1956

STANDARD CERTIFICATE OF DEATH

State File No. 7790

BIRTH NO. REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 4508 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Stone b. CITY OR TOWN Galena c. LENGTH OF STAY 44 years d. FULL NAME OF HOSPITAL OR INSTITUTION Home

2. USUAL RESIDENCE a. STATE Missouri b. COUNTY Stone c. CITY OR TOWN Galena d. STREET ADDRESS No Street Address

3. NAME OF DECEASED a. (First) LONA b. (Middle) MYRTLE c. (Last) PARKER 4. DATE OF DEATH Jan. 20, 1956

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married 8. DATE OF BIRTH March 11, 1894 9. AGE 61 10a. USUAL OCCUPATION Housewife 10b. KIND OF BUSINESS OR INDUSTRY - - - - 11. BIRTHPLACE Nixa, Missouri 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Henry G. Estes 13b. MOTHER'S MAIDEN NAME Sarah Ann McLean 14. NAME OF HUSBAND OR WIFE Leonard H. Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Leonard H. Parker, Galena, Missouri ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Block ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES [] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 21e. INJURY OCCURRED WHILE AT WORK [] NOT WHILE AT WORK [] 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 1946, to Jan 20, 1956, that I last saw the deceased alive on 26 June, 1946, and that death occurred at 6:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) 23b. ADDRESS Galena Mo 23c. DATE SIGNED 21 Jan 1956

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Jan 22-1956 24c. NAME OF CEMETERY OR CREMATORY Selmore Cemetery 24d. LOCATION (City, town, or county) (State) Selmore, Missouri

DATE REC'D BY LOCAL REG. 7-56 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John Hearn Harris, Clever, Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

pu Lena Murray

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *John Hlean Harris*

Licensed Embalmer No. *4390*

P. O. Address *Cleveland, M*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.